

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G08347

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** HIGH SECURITY ALARM SYSTEMS, INC.

**Current Principal Place of Business:**

3015 TROT ST  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

963 TRAIL TERRACE DRIVE  
NAPLES, FL 341032329 US

**New Mailing Address:**

**FEI Number:** 59-2245043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIVINGSTON, EDWARD M. ESQ.  
963 TRAIL TERRACE DRIVE  
NAPLES, FL 341032329 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FLOREN, ALAN D  
Address: 497 BLACKWOOD AVE  
City-St-Zip: LONGWOOD, FL 32750

Title: DS  
Name: FLOREN, JOHN R JR  
Address: 40733 MARGUETTE RD  
City-St-Zip: UMATILLA, FL 32784

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: /S/ALAN D. FLOREN

PD

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date